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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	03/06/2024			
	Patrice Rush	-		
Reference	#:2293381	_		
	e:CREATIV	E GENIUS, LLC		
⊘ Artio	cles of Incorporation/Authorization	to Transact Business		
Ame	endment			
Change of Agent				
Reinstatement				
Conversion				
Mer	ger			
☐ Dissolution/Withdrawal				
☐ Fictitious Name				
☐ Othe	er			
Authorized Signature:	() M-			

COVER LETTER

:

υ	ivision of Corporations		
SUBJECT	Creative Genius, LLC		
		e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.	
lease retu	im all correspondence concerning this matter t	to the following:	
	Christina Giza- Paralegal		
		Name of Person	
	Ice Miller LLP		
	Firm/Company		
	200 West Madison Street, Suite 3500		
		Address	
	Chicago, Illinois 60606 City/State and Zip Code		
	vbtax@verabradley.com		
	E-mail address: (to be	e used for future annual report notification)	
For further	information concerning this matter, please ca	dl:	
Christina Giza		312 705-6027	
_	Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	nclosed is a check for the following amount:	NA HESADSUS OF CENTUR	
	lease make check payable to: FLORIDA DER ☐ \$130.00 Filing Fee ☐ \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACTBUSINESS IN THE STATE OF FLORIDA Creative Genius, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L. L.C.," or "LLC") Iff name imavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C." Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.) 12420 Stonebridge Road (Street Address of Principal Office) Roanoke, Indiana 46783 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global, Inc. Name: 115 N. Calhoun St., Suite 4 Office Address: Tallahassee . Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree

to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with

(Registered agent's signature)

 $_{\rm By:}$ /s/ Jori Wallace, Assistant Sect.

and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Michael Schwindle Name: _____Ardrey ■Manager ■ Manager Address: ______ 12420 Stonebridge Road Address: 12420 Stonebridge Road □Member □Member Roanoke, Indiana 46783 Roanoke, Indiana 46783 □ Authorized □ Authorized Person Person □Other____ □Other____ □Other_ □ Other____ Name: ____ Vera Bradley Holdings, LLC Name: Mark Dely ■Manager ■ Manager Address: ___ 12420 Stonebridge Road Address: 12420 Stonebridge Road □ Member ☐ Member Roanoke, Indiana 46783 Roanoke, Indiana 46783 □ Authorized □ Authorized Person Person □Other___ □Other____ □Other____ Name: _____ □Manager □Manager Address: _____ ☐ Member Address: □Member □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Michael Schwindle

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREATIVE GENIUS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREATIVE GENIUS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Buffech, Secretary of Bists

Authentication: 202951022